

# City of Flagstaff Recreation Division Spring 2022 Adult Volleyball Official Roster



**New teams or teams with questions please contact Tyrone Johnson (928) 213-2310 [tjohnson@flagstaffaz.gov](mailto:tjohnson@flagstaffaz.gov) or Dan Carrick (928)-213-2309 [dcarrick@flagstaffaz.gov](mailto:dcarrick@flagstaffaz.gov) for more information.**

**Please print all information clearly.** A minimum of six (6) players from your team is required to be listed on the roster to register a team.

**LEAGUE SELECTION: PLEASE SIGN UP ACCORDING TO TEAM SKILL LEVEL. (Circle One)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Coed B	Women's B	Coed F	Women's A	Coed D	Coed C
Coed E	Women's C				
Coed G					

Women's (A) = Competitive (Highest skill level); (B) = Competitive; (C) =Recreational  
Coed (B) = Competitive (Highest skill level); (C) = Competitive; (D) =Competitive; (E) = Recreational; (F) =Recreational; (G) = Recreational

Previous League & Team Name:\_\_\_\_\_ Previous Year's Record:\_\_\_\_\_

**Masks Will be Required to Participate! Masks Must be Worn at All Times Inside COF/FUSD Facilities!**

**TEAM INFORMATION:**

Team Name:\_\_\_\_\_

**PRIMARY CONTACT/MANAGER:**

Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ E-mail:\_\_\_\_\_

Primary Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

**SECONDARY CONTACT:**

Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Email:\_\_\_\_\_

Primary Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

**TEAM ROSTER** (Required: *First & Last Name*. Please include T-Shirt size. *Only 1<sup>st</sup> Place Team will receive*):

(T-Shirt Size)

(T-Shirt Size)

- |                 |                  |
|-----------------|------------------|
| 1. _____ (____) | 6. _____ (____)  |
| 2. _____ (____) | 7. _____ (____)  |
| 3. _____ (____) | 8. _____ (____)  |
| 4. _____ (____) | 9. _____ (____)  |
| 5. _____ (____) | 10. _____ (____) |